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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Taney Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 2 Taney Ave

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) WEBSTER (Last) POWELL ANDERSON

4. DATE OF DEATH: (Month) MARCH (Day) 1, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 14, 1863

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Powell

14. MOTHER'S MAIDEN NAME: Emma Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ____ (If yes, give war or dates of service) ____

16. SOCIAL SECURITY NO. ____

17. INFORMANT AND ADDRESS: Mrs. Carroll Alden same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.0 Immediate cause (a) Broncho pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of left hip

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-53 3 p. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? fell in her bedroom

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS [signature] DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 4, 54 — NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery — LOCATION (City, town, or county) St. Louis, Missouri (State)

DATE REC'D BY LOCAL REG. March 2, 1954 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Ben L. Hopping and Son — ADDRESS Annapolis, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Zion
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Mass. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Willimansett
STREET ADDRESS (If rural, give location): 1258 Montgomery ST ✓

3. NAME OF DECEASED (Type or Print): (First) Gerald (Middle) Anthony (Last) Baldassaro Jr.

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1933

9. AGE last birthday: 21 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): Chicopee, Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Olinda Baldassaro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860 X

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm

(CITY OR TOWN): Mt Zion (COUNTY): Anne Arundel (STATE): Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 hrs.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 Hrs. m., from the causes and on the date stated above.

SIGNATURE: Antonio E. Carey (Degree or title) ADDRESS: 1st Lt., USAF(MC) Andrews AFB, Wash 25, D.C. DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: APR 27 1954

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS

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Item 13 & 14 Film G 162 3/22/54 cm

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02181

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater P.O.
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater P.O.
STREET ADDRESS (If rural give location) A.A. Co. HOME

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) BARDEN
4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/27/99
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Gen. Helper
10b. KIND OF BUSINESS OR INDUSTRY: Retail Dairy
11. BIRTHPLACE (State or foreign country): Bagley, N.C
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Nestus Barden
14. MOTHER'S MAIDEN NAME: Betty Peele
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic C.V. disease — yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to 3/15, 1954, that I last saw the deceased alive on 3/15, 1954, and that death occurred at 8:50 P.M. from the causes and on the date stated above.

SIGNATURE Maurice McLawans (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-16-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Selma, N.C.

DATE REC'D BY LOCAL REGISTRAR 3-16-54 REGISTRAR'S SIGNATURE Jesse Thos Williams
24. FUNERAL DIRECTOR Bailey Funeral Home ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02180

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: City
LENGTH OF STAY (in this place): 1 mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Jean (Last) BARGET

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	21 January 1954		1	12		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME: Russell G. Barget

14. MOTHER'S MAIDEN NAME: Shanon Beill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N			(Father) Russell G Barget, 50 Alder Road, Annapolis, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

561.4
Immediate cause (a) Intestinal obstruction due to
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hernia ventral congenital 561.4 — 1 mo.
DUE TO (c) with Malrotation of intestine 756.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/25, 1954, to 3/5/54, 19....., that I last saw the deceased alive on 3-5-54, 19....., and that death occurred at 0715, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
K. F. Mark	M.D.	U.S. Naval Hospital, Annapolis, Md.	3-5-54

23. BURIAL, CREMATION, REMOVAL or OTHER	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	March 8, 1954	U.S. Navy Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 8, 1954	[signature]	Ben L. Hopping and Son	Annapolis, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 139 Linden Court
STREET ADDRESS (If rural, give location) Baltimore City
3401-4

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Bellamy
4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6/5/14
9. AGE last birthday: 39 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Presser
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Vincent Bellamy
14. MOTHER'S MAIDEN NAME: Armecia Bellamy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 300.2 Exhaustion — Interval Between Onset and Death: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Catatonic Excitement — Known to us since 2/23/54

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION: - - -

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (Eastport)
STREET ADDRESS (If rural, give location) 710 Second Street

3. NAME OF DECEASED (Type or Print): (First) RUFUS (Middle) H. (Last) BOOTH
4. DATE OF DEATH: (Month) (Day) (Year) 3/29/1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 5/6/1893
9. AGE last birthday: 60 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis Neck A. A. Co Md.
12. CITIZEN OF WHAT COUNTRY? ----
13. FATHER'S NAME: Walter Booth
14. MOTHER'S MAIDEN NAME: Priscilla Giles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. --- ----
17. INFORMANT AND ADDRESS: Walter Booth Jr. 117 Clay Street Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident c	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) right hemiplegia	36 hrs.
442	(c) Hypertension - Arteriosclerotic CVD	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28/, 1954, to 3/29/, 1954, that I last saw the deceased alive on 3/28/, 1954, and that death occurred at 1.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Frank M Shipley M.D. Annapolis — 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/4/1954 — NAME OF CEMETERY OR CREMATORY: Annapolis Neck Cemetery — LOCATION (City, town, or county) (State): Annapolis Neck A.A. Co. Md.

DATE REC'D BY LOCAL REG.: April 1, 1954 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Ethel L. Hicks-45 Northwest St. Annapolis Md.

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APR 9 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02183

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEVERN, MD.
LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX. 82, ROUTE 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SAME AS. #1
STREET ADDRESS (If rural give location) FORT MEADE ROAD

3. NAME OF DECEASED: (Type or Print) (First) IVAN (Middle) ROLAND (Last) BOYER

4. DATE OF DEATH: (Month) MARCH (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 19, 1885 ~~FARMING~~
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): SEVERN, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES WEBSTER BOYER (DEC.)
14. MOTHER'S MAIDEN NAME: ALICE MATILDA FRIEDHOFFER (DEC.)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. ELVA VIRGINIA BOYER (WIFE, SAME ADDRESS)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
33/X Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	2 YRS.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HYPERTENSION	4 YRS
	DUE TO (c) ARTERIOSCLEROSIS	7 YRS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ULCER OF STOMACH

19a. DATE OF OPERATION: JUNE 10, 1950
19b. MAJOR FINDINGS OF OPERATION SAME AS #11
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ ~~Not While At Work~~ ☐
HOW DID INJURY OCCUR? —

*22. I hereby certify that I attended the deceased from MAR. 19, 1954, to MAR. 20, 1954, that I last saw the deceased alive on MAR. 19, 1954, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

SIGNATURE Hubert F. Manuzak (Degree or title) M.D. ADDRESS 901 Edgerly Rd, Glen Burnie, Md. DATE SIGNED March 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/23/54
NAME OF CEMETERY OR CREMATORY Glen Haven Cem.
LOCATION (City, town, or county) (State) A. A. Co., Md.
DATE REC'D BY LOCAL REGISTRAR 3-22-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons - Balto 17 Md. ADDRESS

* NOTE - this patient has been under treatment of Dr. Chas. Ball, this county, for past 2 years, & is tempor. out of town.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2208

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02184

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Geo.G. Meade
LENGTH OF STAY (in this place) 2/365
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1222 Hollins Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Cable (Last) Bruce III
4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 27 Feb 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Cable Bruce
14. MOTHER'S MAIDEN NAME: Anna Marie Schmidt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Mother Mrs Anna M. Bruce 1222 Hollins St., Balto., 23, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.5

Immediate cause (a) Atalectasis — Birth

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Prematurity — Birth

DUE TO (c) Premature placental separation — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspirational pneumonia — 37 hours.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Feb, 1954, to 1 March, 1954, that I last saw the deceased alive on 28 Feb., 1954, and that death occurred at 0820 hrs, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Caudle, 1/L+MC — ADDRESS 1 March 54 US Army Hospital Ft. Meade Md — DATE SIGNED 1 March '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3 March 1954
NAME OF CEMETERY OR CREMATORY Fort George G. Meade
LOCATION (City, town, or county) Anne Arundel (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 3 March 1954
REGISTRAR'S SIGNATURE T.A.GORDON, CWO, USA
24. FUNERAL DIRECTOR HIRAM W. TROSTEL, CHAPLAIN — ADDRESS

2024202333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c[illegible] age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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02185

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland
STREET ADDRESS (If rural, give location): 99 Main Street

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) C (Last) BRYANT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 19, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 12, 1952

9. AGE last birthday: 1 yrs. If under 1 year: Months. 3 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Bryant

14. MOTHER'S MAIDEN NAME: Freda McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If year, give war or dates of service) SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. William H. Bryant - Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). 057.1 Septicemia with Waterhouse — Friedrichsen syndrome

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) probably meningococci

(c) circulatory failure

INTERVAL BETWEEN ONSET AND DEATH: 36 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1954, to 3-19, 1954, that I last saw the deceased alive on 3-18, 1954, and that death occurred at 5:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edith Roeller, M.D. ADDRESS: 45 Franklin St. Annapolis, Md. DATE SIGNED: 3-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 20, 54 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: March 20, 1954 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02186

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY: Anne Arundel
STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade Laurel
STREET ADDRESS (If rural give location): -

3. NAME OF DECEASED: (First) Frank (Middle) Alexander (Last) Bryson III
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 25 Feb 1954
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days: 6 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Alexander Bryson Jr.
14. MOTHER'S MAIDEN NAME: Grace Mary Dallas
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): -
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Mother Mrs. Grace Bryson, 332 Eleventh St., Laurel, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: prematurity of lungs with hyalin membrane — Interval Between Onset And Death: 6 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Feb, 1954, to 3 March, 1954, that I last saw the deceased alive on 3 March, 1954, and that death occurred at 1843 hrs, from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert Moore Capt. MC. — ADDRESS: Ft GG Meade, Md. — DATE SIGNED: 3 March 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5 Mar 54
NAME OF CEMETERY OR CREMATORY: Ft Geo G. Meade
LOCATION (City, town, or county) (State): Anne Arundel, Maryland
DATE REC'D BY LOCAL REGISTRAR: 3 March 1954
REGISTRAR'S SIGNATURE: T.A.GORDON, CWO, USA
24. FUNERAL DIRECTOR ADDRESS: George T. Casey, Chaplain

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shady Side — LENGTH OF STAY (In this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Avalon Shores

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 47X-
STREET ADDRESS (If rural, give location): 406 E Capital St. N.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Caputo
4. DATE OF DEATH (Month) (Day) (Year): March 27 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 29 1886 unknown
9. AGE last birthday: 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial Infunction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Antenisclenotic CV. disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Bowa Linn Grant (Degree or title) M.D. — ADDRESS: Shady Side, Md — DATE SIGNED: 3-27-54

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 3/27/54 — NAME OF CEMETERY OR CREMATORY: Lee Funeral Home — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 3/27/54 — REGISTRAR'S SIGNATURE: Edwin Wise Williams — 24. FUNERAL DIRECTOR: T H Hardesty & Son, Galesville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02188

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
MARYLAND LENGTH OF STAY (in this place) 7/29/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1810 Ashland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) (Last) Cloude
4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 4/5/1949
9. AGE Last birthday: 4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Cloude
14. MOTHER'S MAIDEN NAME: Maggie Meredith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Crownsville State Hospital, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X
Immediate cause (a) Broncho-Pneumonia — Interval Between Onset And Death: 9 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart disease-Spastic Paralysis — since birth

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29 ..., 19 52, to 3/11 ., 19 54, that I last saw the deceased alive on 3/11 ., 19 54., and that death occurred at 1:08 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 3/11/1954

23. (BURIAL) CREMATION, REMOVAL (Specify) March 18/54
DATE THEREOF Mar. 15, 1954
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
LOCATION (City, town, or county) (State) A.A. County, Md.

DATE REC'D BY LOCAL REGISTRAR 3/15/54
REGISTRAR'S SIGNATURE A.W. Redmond Deputy
24. FUNERAL DIRECTOR ADDRESS Mrs. Robt. A. Elliott & Daughter, Funeral Directors 1129 N. Caroline St.

VS. A15

02189

2212 MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) 4 yr. 6 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location) Box 191

3. NAME OF DECEASED (Type or Print): (First) Janie; (Middle) McIntyre; (Last) Coard

4. DATE OF DEATH: (Month) 3; (Day) 10; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2/23/88

9. AGE last birthday: 66 yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stanley McIntyre

14. MOTHER'S MAIDEN NAME: Katie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

015X

Immediate cause (a) Chronic Myocarditis — Known to us since 4/1/50

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-vascular Disease

(c) Diabetes - Tuberculous — Known to us since 7/1952

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenitis of Lymph glands of neck — Known to us since 2/1949

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to 3/10....., 19..54, that I last saw the deceased alive on 3/10....., 19..54, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold M. Liebert, M.D. ADDRESS — DATE SIGNED 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/19/54 — NAME OF CEMETERY OR CREMATORY: Wattsville Cem. — LOCATION (City, town, or county) (State): Wattsville, Va.

DATE REC'D BY LOCAL REG. 3/19/54 — REGISTRAR'S SIGNATURE: Katherine M Joyce

24. FUNERAL DIRECTOR ADDRESS: James S. Darnell, Easton, Md.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Bowie & Parker Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 3 Bowie & Parker Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) COPELAND

4. DATE OF DEATH: (Month) 3/1/1954 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/22/1889

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Brown's Woods A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Blake

14. MOTHER'S MAIDEN NAME: Sally Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Samuel Copeland-3Bowie& Parker Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X — Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN ..., 19 53 to MAR 1, 19 54, that I last saw the deceased alive on Mar 1, 19 54, and that death occurred at 10 45 p. m., from the causes and on the date stated above.

SIGNATURE: Faye W. Allen — (Degree or title): M.D. — ADDRESS: 10 Carroll St Annap. — DATE SIGNED: 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 3/5/54 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county) (State): Arnold A. A. Co. Maryland

DATE REC'D BY LOCAL REG.: March 4, 1954 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Ethel L. Hicks-45 Northwest St. Annapolis

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MARYLAND

STATE DEPARTMETT OF HEALTH

03217

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Kansas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 222 East 23d

3. NAME OF DECEASED (Type or Print)	(First) Gene	(Middle) Thomas	(Last) Coppedge	4. DATE OF DEATH	(Month) March (Day) 19 (Year) 1954
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 26 Jul 22	9. AGE last birthday 32 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Capt, USAF		11. BIRTHPLACE (State or foreign country) Hannibal, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Mable A. Inman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS USAF Medical Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860 X

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm	(CITY OR TOWN) Mt. Zion (COUNTY) Anne Arundel	(STATE) Maryland
TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Plane crash	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Anton E. Conde	1st Lt., USAF(MC)	Andrews AFB, Wash 25, DC	20 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 27 1954	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

I

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APR 27 1954
BUREAU V. S.

2214

02191

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George Meade
LENGTH OF STAY (In this place): 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 20
STREET ADDRESS (If rural, give location): 25 Dahlia Lane

3. NAME OF DECEASED (Type or Print) (First): Thomas (Middle): M. (Last): Cox
4. DATE OF DEATH (Month) (Day) (Year): March - 10 1954
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 22, 1934
9. AGE last birthday: 19 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Milton Cox
14. MOTHER'S MAIDEN NAME: Concannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 209-26-1586
17. INFORMANT: Augusta Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

912.3 Immediate cause (a) Multiple fractures - skull - chest - [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and arms, caused by being crushed

(c) under the right track of a backhoe.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): N.S.A. Project (CITY OR TOWN): Fort George Meade (COUNTY): A.A. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 3/10/54 10:15 A.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Was crushed under track of a backhoe.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave H. Rubert (Degree or title) D. Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 3/11/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/13/1954
NAME OF CEMETERY OR CREMATORY: Moreland Park
LOCATION (City, town, or county): Balto (State): Md
DATE REC'D BY LOCAL REG.: 3-12-54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: John G. Connelly ADDRESS: Essex, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: Anne Arundel | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion | LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: California | COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hawthorne
STREET ADDRESS (If rural, give location): 404 West 129th St.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Vincent (Last) Crabtree

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 17 Sep 23

9. AGE last birthday: 30 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: S/Sgt, USAF

11. BIRTHPLACE (State or foreign country): North Andover, Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Elizabeth Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: USAF Medical Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm

(CITY OR TOWN): Mt. Zion (COUNTY): Anne Arundel (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 19 54 2229

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Plane crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs., from the causes and on the date stated above.

SIGNATURE (Degree or title): 1st Lt., USAF (MC) ADDRESS: Andrews AFB, Wash 25, DC DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE RECD BY LOCAL REG.: APR 27 1954 | REGISTRAR'S SIGNATURE: L. W. Hedrick | 24. FUNERAL DIRECTOR | ADDRESS

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APR 27 1954
BUREAU V. S.

2182

02192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Arundel General Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: A A Co.
City or town: Severna Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Cape Arthur
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: Crawford, George - Washington

3. (b) Social Security Number: 220-01-2750

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Divorced
6.(b) Name of husband or wife: —
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): 10-2-1919

8. AGE: Years 34 | Months 5 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace: Elkridge Md (Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business: Tate Eng. Co.

FATHER
12. Name: Benjamin F. Crawford
13. Birthplace: Md.

MOTHER
14. Maiden name: Harriette R. Kraft
15. Birthplace: Md.

16. Informant: Dorothy H. Gaither
Address: Severna Park,
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/8/54 (month) (day) (year)
Cemetery or ~~crematory~~: Loudon Park
Location: Baltimore - Md.
18. Funeral director: F. B. Wippert & Son
Address: 1300 Eutaw Pl. 17
19. 3-8 1954 (Date rec'd by registrar) A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1954 at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1954, to March 5 1954 and that I last saw him alive on March 5 1954

Immediate cause of death	DURATION
Chronic pyelonephritis	(?)
Due to: Diabetes mellitus	20 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Gene D. Trettin M.D. M. D. or other
Address: Severna Park, Md. Date signed: Mar 5, 1954

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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02193

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 622-2nd St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 622-2nd St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Crowdy

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Dr.
8. DATE OF BIRTH: 6-11-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 9 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hattie McGowans
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Sarah Hutton 622-2nd St.-Anna. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 3/18/54

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic, Hypertension C.V. Disease — Yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1954, to 3/24, 1954, that I last saw the deceased alive on 3/23 1954, and that death occurred at 4.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice McGowans Mrs. ADDRESS Annapolis Md. DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-28-54
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR March 26, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese, II-108 W. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH: COUNTY A.A.CO. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE. ARUNDEL. GEN. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY AACO
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SYCAMORE ST.
STREET ADDRESS (If rural, give location) ANNAPOLIS - MD.

3. NAME OF DECEASED: (First) BURKAL. (Middle) F. (Last) DAVIS.
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W	M.	1-14-24	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. NAVY	U.S. NAVY	ALABAMA.	U.S.

13. FATHER'S NAME: Eddie F. Davis
14. MOTHER'S MAIDEN NAME: Minnie Pearl Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes - At Present		Lee Osaline Davis 207 Sycamore Court, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture Skull - Lacerated Brain — INTERVAL BETWEEN ONSET AND DEATH: Sudden.

DUE TO Lacerated Skin.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture - Lower Extremities.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway.	21c. (City or town) ANNAPOLIS. (County) AACO. (State) MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 21 54 A M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. Lamar Latrobe M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-27-54	Glade a, Legacy Memorial Gardens	Arlington

DATE REC'D BY LOCAL REG. MAR 24 1954 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 24. FUNERAL DIRECTOR AND ADDRESS David R. Martin, 1102 Main Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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02195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~247~~ 26

1. PLACE OF DEATH: COUNTY ANNARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DRURY
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JANE (Middle) (Last) DAVIS			4. DATE OF DEATH (Month) Mar. (Day) 18 (Year) 1954		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 6-2-1874	9. AGE last birthday 79 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM OWENS			14. MOTHER'S MAIDEN NAME MARY YOUNG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE		17. INFORMANT ELLEN BIAS DAUGHTER		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
158X Immediate cause	(a) CACHEXIA	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Retroperitoneal SARCOMA	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 MAR., 1954, to 18 MAR., 1954, that I last saw the deceased alive on 16 MAR., 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. B. Tassca	MD	Upper Marlboro	18 M. 54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 3-21-54	NAME OF CEMETERY OR CREMATORY MOSES	LOCATION (City, town, or county) (State) ANNARUNDEL COUNTY MD.
DATE REC'D BY LOCAL REG. Mar. 18-54	REGISTRAR'S SIGNATURE ~~Carrie F. Campbell~~ Ida Belle Dent mch.	24. FUNERAL DIRECTOR John T Stewart	ADDRESS 30H ST. N.E. WASH. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02196

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Severn P.O.
LENGTH OF STAY (in this place) All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Severn P.O.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Jane (Last) Day

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 23, 1860
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ad hoc
11. BIRTHPLACE (State or foreign country) O. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Dyson
14. MOTHER'S MAIDEN NAME Susan Ann Bouyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Rufus Day (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cardio-Vascular Disease. — INTERVAL BETWEEN ONSET AND DEATH 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan., 1949, to Mar 1, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE James S. Bellingsley (Degree or title) M.D. ADDRESS 108 Central Av. Glen Burnie, Md. DATE SIGNED March 1, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 4, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Brooklyn R.F.D. (State) Md.

DATE REC'D BY LOCAL REG. March 3, 1954
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR Richard V. Singleton ADDRESS Glen Burnie, Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12197

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport, Maryland
STREET ADDRESS (If rural give location) 400 Sixth Street Eastport, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) (n) (Last) DOERR

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 3-27-94

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): USN

10b. KIND OF BUSINESS OR INDUSTRY: Ret.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Doerr

14. MOTHER'S MAIDEN NAME: Helena Kleinheinz

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1910-1926 1943-1946

16. SOCIAL SECURITY No: 213 28 1648

17. INFORMANT & ADDRESS: Mrs Catherine Doerr 400 Sixth St. Eastport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction, posterior — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Right coronary artery occlusion — Indef

DUE TO (c) Arteriosclerosis — Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary fibrocaseous tuberculosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17 ,1954 , to 3-17 , 19 54, that I last saw the deceased alive on 3-17 , 19 54 , and that death occurred at 1918 , from the causes and on the date stated above.

SIGNATURE W. C. Randolph M.D (Degree or title) ADDRESS USNH DATE SIGNED 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-20-54 NAME OF CEMETERY OR CREMATORY National LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR March 19, 1954 REGISTRAR'S SIGNATURE H. C. Russell

24. FUNERAL DIRECTOR John W. Taylor & Sons ADDRESS Annapolis Md.

RECEIVED
MAR 26 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02198

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 714 Chesapeake Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Alvin (Last) Downey
4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: Mar. 30, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy Ret.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alvin Downey
14. MOTHER'S MAIDEN NAME: Mary Ogden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442X Immediate cause	(a) Nephritis, Chronic	3 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Cardio-Vascular Disease	5 yrs.
	DUE TO (c) Arteriosclerosis, Generalized	7 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Mar. 1, 1954, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 4.45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jane R. Martin M.D. Annapolis Md 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Mar. 4 1954 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 4, 1954 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 yrs. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 334 N. Carrolton Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Van Downing Daniels alias Giles Downing

4. DATE OF DEATH (Month) (Day) (Year) 3 29 1954

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unk.
8. DATE OF BIRTH 8/13/87
9. AGE last birthday 66 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.0

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: Known to us since 6/29/49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — (CITY OR TOWN) — — — — — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — — — — —

22. I hereby certify that I attended the deceased from 2/1, 1953 to 3/29, 1954, that I last saw the deceased alive on 3/29, 1954, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE Arnold H. Eichert (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 3/29/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/6/54 NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 4-6-54 REGISTRAR'S SIGNATURE A. W. Hedrick 24. FUNERAL DIRECTOR Chas. H. Corfin ADDRESS 512 Connecticut Av.

2219

Film#G152 Item# 7,11,12 3/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02260

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Cen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie
STREET ADDRESS (If rural give location) Annapolis, Md.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) May (Last) Durm

4. DATE OF DEATH: (Month) 3/9/ (Day) (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 30, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Sacks

14. MOTHER'S MAIDEN NAME: Hanna Troutman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: G. Howard Durm, Glenburnie, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

331X

Immediate cause (a) arteriosclerosis Essential Hypertension

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) 7 or 15 Cerebral Hemorrhage. Uremia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1954, to Feb 20, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 7 PM from the causes and on the date stated above.

SIGNATURE Ralph G Hills (Degree or title) ADDRESS 18 E Eager St Balto 2nd DATE SIGNED Mar 10 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/13/1954 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) A.A.Co., Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3-10-54 REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Flynn & Fleming ADDRESS 1426 Light St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02201

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Maryland
STREET ADDRESS (If rural give location) 77 Old Annapolis, Road

3. NAME OF DECEASED: (Type or Print) (First) Casper (Middle) Henry (Last) EBERT

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-6-12

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): USN

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John EBERT

14. MOTHER'S MAIDEN NAME: Christinia Emerich

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Official Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 440 X — (a) Hypertensive Cardiovascular disease — Interval Between Onset And Death: 6 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) benign # 440

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1953, to March 27, 1954, that I last saw the deceased alive on March 27, 1954, and that death occurred at 8:53 A.M., from the causes and on the date stated above.

SIGNATURE R. K. MOXON, M.D. (Degree or title) LCDR. (MC) USN. ADDRESS U.S. Naval Hospital Annapolis, Md. DATE SIGNED 3-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-30-54 NAME OF CEMETERY OR CREMATORY National Cem. LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 29, 1954 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

VS. A15

RECEIVED
BÜRAU V

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02202

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 140 Charles St.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Virginia (Last) Elliott

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: July 16th 1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Libertytown Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Hammond
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: R. Hammond Elliott Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease — Interval Between Onset And Death: Several Years

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis — Several years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to March 25, 1954, that I last saw the deceased alive on 3-25, 1954, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE George C Basie (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 3 28 54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) DATE THEREOF 3-28-54 NAME OF CEMETERY OR CREMATORY St Annes LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR March 28, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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MAR 30 1974
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02203

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ft. Smallwood, Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 yrs. 4
STREET ADDRESS (If rural give location) 4611 Pennington Ave.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) ELSON
4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	March 17, 1880	74 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Boiler maker
10b. KIND OF BUSINESS OR INDUSTRY: (rtd) unknown
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Elson
14. MOTHER'S MAIDEN NAME: Anna Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Evelyn J. Elson-Brick House Farm, Pasadena, Md.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause	(a)	Coronary Thrombosis	2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerotic Cardio Vascular Disease	2 years
	DUE TO (c)		

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1954, to 3/22, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 6:30 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Brady Smith M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/25/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) A. A. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 3-23
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Pickens & Sons
ADDRESS Baltimore 17, Md.

2231

02204

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
LENGTH OF STAY (in this place) 90 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Hilary (Last) FORD SR.

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 20 1863

9. AGE last birthday: 90 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deale

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Deale Ford

14. MOTHER'S MAIDEN NAME: Mary Rogers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Annie Hamilton, Deale, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anemia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hydrocephalus bilateral — 1 yr.

DUE TO

(c) Cancer of prostate — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Cardiovascular Disease.

19a. DATE OF OPERATION: V

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 3-5, 1954, that I last saw the deceased alive on 3-5, 1954, and that death occurred at 5:20 pm, from the causes and on the date stated above.

SIGNATURE Bowie Lunn Grant M.D. (Degree or title) ADDRESS Shady Side, Md DATE SIGNED 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/7/54 — NAME OF CEMETERY OR CREMATORY St James — LOCATION (City, town, or county) (State) Towson Md

DATE REC'D BY LOCAL REGISTRAR 3-7-54 — REGISTRAR'S SIGNATURE Elizabeth Wilson

24. FUNERAL DIRECTOR T A Hardesty & Son — ADDRESS Halethorpe Md.

RECEIVED
MAR 11 1954
BUREAU V. S.

8189

St. Paul

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12205

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Laney Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 9 Laney Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Peraci

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: August 20, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton F. Colburn

14. MOTHER'S MAIDEN NAME: Mary Jane Reigle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Tilden C Atwell 9 Fahey Ave Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: several years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to March 4, 1954, that I last saw the deceased alive on March 4, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Basil M.D. ADDRESS Annapolis Md DATE SIGNED 3.6.54

28. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-8-1954 NAME OF CEMETERY OR CREMATORY St Mary Cemt LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REGISTRAR March 8, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Sayles Sons ADDRESS Annapolis Md.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02206

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade X
LENGTH OF STAY (in this place) –
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
STREET ADDRESS (If rural give location) –

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Estelle (Last) Glasscho
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 3 March 1954
9. AGE last birthday: – yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min. 43
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): –
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Titus Glasscho
14. MOTHER'S MAIDEN NAME: Estelle Delores Crawford
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: –
17. INFORMANT & ADDRESS: Mother-Mrs. Estelle D. Glasscho, 1626 Harlem Ave., Balto., 17, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

Immediate cause (a) Cerebral anoxia with respiratory failure

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 7hrs 43min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 March, 1954 0900 to 3 March, 1954 1643, that I last saw the deceased alive on 3 March, 1954, and that death occurred at 1643, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Landle, M.D. – 1/Lt. MC
ADDRESS US Army Hospital, Ft. Meade, Md.
DATE SIGNED 10 March 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5 March 1954
NAME OF CEMETERY OR CREMATORY Ft GG Meade
LOCATION (City, town, or county) (State) Anne Arundel Maryland
DATE REC'D BY LOCAL REGISTRAR 5 March 1954
REGISTRAR'S SIGNATURE T.A. GORDON, CWO, USA
24. FUNERAL DIRECTOR HIRAM TROSTEL, CHAPLAIN
ADDRESS

2034211405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 11 19
BUREAU V. S.

4223

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

022075

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey; LENGTH OF STAY (in this place) 11 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey; STREET ADDRESS (If rural, give location) Forest Ave

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Mae (Last) Tothill

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 15 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Cornwall Ont.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel McBrown

14. MOTHER'S MAIDEN NAME: Mary E. Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr Louis Tothill [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Embolism — Interval Between Onset and Death: 3 days

(c) Femoral Arteriosclerosis — Interval Between Onset and Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1954 to March 31 1954 that I last saw the deceased alive on March 31 1954 and that death occurred at 4:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. Wheeler Leonard ADDRESS: 3609 Main St Glen Burnie Md DATE SIGNED: 4/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Burial 4/3/54

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 4-2-54

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Eustin E. Donovan 3618 Roland Ave

2190

02208

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ..... 21 .....

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creek
STREET ADDRESS (If rural, give location) Annapolis

3. NAME OF DECEASED (Type or Print): (First) James (Middle) C (Last) GUY

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 8, 54

9. AGE last birthday: 0 yrs. If under 1 year: Months. 0 Days. 0 If under 24 hrs.: Hours. 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence E. Guy

14. MOTHER'S MAIDEN NAME: Jessica S. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service): ----

16. SOCIAL SECURITY No.: -----

17. INFORMANT AND ADDRESS: Mr. Clarence E. Guy; Father; Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

(c) ...

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 19 54, to 3/8, 19 54, that I last saw the deceased alive on 3/5, 19 54, and that death occurred at 6:20A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-9-54
NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: March 9 1954
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

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MARGIN RESERVED FOR BINDING

BUREAU V.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Zion; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey; COUNTY Hudson; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jersey City; STREET ADDRESS (If rural, give location) 703 Grand St. ✓

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Lewis (Last) Hahn

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 16 Aug 25

9. AGE last birthday: 28 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine

10b. KIND OF BUSINESS OR INDUSTRY: USMC

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Hahn

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: USAF Medical Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Farm

(CITY OR TOWN): Mt. Zion (COUNTY): Anne Arundel (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 19 54 2229

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Anton E Carroz, 1st. Lt. USAF (MC) ADDRESS: ANDREWS AFB, WASH 25, D.C. DATE SIGNED: 20 MAR 54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. R 27 1954 | REGISTRAR'S SIGNATURE: L. W. Hedrick | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
APR 27 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

02209

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lothian — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lothian
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELEANOR (Middle) MARIA (Last) HALL

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/25/1862

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lothian A A C Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Estep

14. MOTHER'S MAIDEN NAME: Harriett Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT: Wm H. Hall Lothian A A C Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) [illegible]	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	Unk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar, 1954, to 1 Mar, 1954, that I last saw the deceased alive on 1 Mar, 1954, and that death occurred at 10 5/p m., from the causes and on the date stated above.

SIGNATURE: [illegible] Passer (Degree or title) Md ADDRESS: [illegible] DATE SIGNED: [illegible] 1954

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 3-3-54 — NAME OF CEMETERY OR CREMATORY: St James Cemt. — LOCATION (City, town, or county): Bristol (State) Md.

DATE REC'D BY LOCAL REG.: March 3, 1954 — REGISTRAR'S SIGNATURE: Elsie Wm Williams

24. FUNERAL DIRECTOR: John M. Taylor Sons — ADDRESS: Annapolis Md.

RECEIVED
MAR 9 1954
BUREAU V. S.

02210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mayo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) VERNON (Middle) WALLIS (Last) HARdesty. (Type or Print)
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Oct 18 1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pattern Maker
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Hyattsville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George K. Hardesty
14. MOTHER'S MAIDEN NAME: Sara S. Collison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 577 36 6402
17. INFORMANT & ADDRESS: George K. Hardesty, Mayo. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture Skull (Basilar) DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Lacerated Brain DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway
21c. (City or town) (County) A.A.Co (State) Md
21d. TIME OF INJURY (Month) 3 (Day) 21 (Year) 54 (Hour) P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE E. Lum Laidt M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/24/54
NAME OF CEMETERY OR CREMATORY Quaker
LOCATION (City, town, or county) Galesville, Md. (State)

DATE REC'D BY LOCAL REG. March 24, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. A. Hardesty & Son ADDRESS Galesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 16 1954
BUREAU N. S.

03243

2226

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clifton
STREET ADDRESS (If rural, give location) 1132 Main Ave

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) Robert (Last) Hiller

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 15 July 1933

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: US Navy

11. BIRTHPLACE (State or foreign country): Texas Twp, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harold Hiller

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: US Navy Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860X

Immediate cause (a).... Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).....

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Farm — (CITY OR TOWN) Mt Zion — (COUNTY) Anne Arundel — (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 Hrs. m., from the causes and on the date stated above.

SIGNATURE: Anton E. Carr — (Degree or title) ADDRESS: 1st Lt., USAF (MC) Andrews AFB, Wash 25, D.C. — DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Apr 27 1954 | REGISTRAR'S SIGNATURE: L. W. Hedrick | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
APR 27 1954
BUREAU V. S.

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2227

M

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural, give location) 235 East 87th St

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Stevens (Last) Hubbard

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 26 Dec 1932

9. AGE last birthday 21 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY US Navy

11. BIRTHPLACE (State or foreign country) Bronx, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Mary Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS US Navy Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm

(CITY OR TOWN) Mt Zion (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 Hrs m., from the causes and on the date stated above.

SIGNATURE Anton E. Carol (Degree or title) 1st Lt., USAF (MC) ADDRESS Andrews AFB, Wash 25, D.C. DATE SIGNED 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 27 1954 REGISTRAR'S SIGNATURE A. W. Hedrick mmb.

24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

1

RECEIVED
APR 27 1954
BUREAU V. S.

2192

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02211

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural give location): 125 Archwood Ave

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A (Last) HUTH

4. DATE OF DEATH: (Month) (Day) (Year) March 16, 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 1, 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Hoffman

14. MOTHER'S MAIDEN NAME: Mary Kreiner

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Francis J. Huth; Husband same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Septicemia -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rt. pleuropneumonic abscess + extension.
DUE TO (c) Carcinoma of Cervix extended.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Extension & obstruction - Carcinoma of rectum + Deep X-ray Therapy

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953 to March, 1954 that I last saw the deceased alive on 3/16, 1954, and that death occurred at 7:10 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Christhilf M.D. — ADDRESS 69 Franklin - Annapolis — DATE SIGNED 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 19, 1954 — NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: March 19, 1954 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Ben L. Hopping and Son — Annapolis, Md.

RECEIVED
MAR 23 1934
BUREAU V. S.

2193

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02212

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chase Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) Chase Home Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Waddell (Last) Iglehart

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 5-29-1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas Iglehart

14. MOTHER'S MAIDEN NAME: Katherene Spotswood Berkeley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Record at Chase Home Annapolis Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Coronary Thrombosis	Instant
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	several yrs
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1954, to March 16, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 8 30 A.M., March 16 1954 from the causes and on the date stated above.

SIGNATURE? J. Oliver Purvis (Degree or title) M.D. ADDRESS Annapolis Maryland DATE SIGNED 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-18-54 NAME OF CEMETERY OR CREMATORY St Anns Cemt LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR March 17, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Sayler Sons ADDRESS Annapolis Md.

VS. A15

2228

03250

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maine COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: South Portland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 64 Mirchell Rd.

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) T.	(Last) Johnson	4. DATE OF DEATH	(Month) March (Day) 19 (Year) 1954
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 21 Oct 21	9. AGE last birthday: 33 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY: 1/Lt, USAF	11. BIRTHPLACE (State or foreign country): Portland, Me.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME: Mrs. K. D. Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service):		16. SOCIAL SECURITY NO.:	17. INFORMANT AND ADDRESS: USAF Medical Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860 X

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm	(CITY OR TOWN) Mt. Zion (COUNTY) Anne Arundel (STATE) Maryland	
TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Plane crash	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Anton E. Casoe	1st Lt., USAF(MC)	Andrews AFB, Wash 25, DC	20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 27 1954	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR	ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02213

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 135 Berry Ct. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alverta		Jones	3	24	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	S.	2-1-1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chesterfield, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Jones	Lydia Brandford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		William Lane - Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
444X Immediate cause	(a) Acute Congestive Failure	4 mon.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Obesity, marked	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema & Gall Bladder Disease	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3/22/, 1954, to 3/24/, 1954, that I last saw the deceased alive on 3/24/, 1954, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Shipley	M.D.	Annapolis Md.	3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-28-54	Asbury	Annapolis, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 26, 1953	[signature]	William Reese & Son	108 N. Washington St. Annapolis, Md.

RECEIVED
MAR 29 1
BUREAU V. S.

2229

MARYLAND

STATE DEPARTMETT OF HEALTH

03254

CERTIFICATE OF DEATH

Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Jersey — COUNTY: Morris
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Netcong
STREET ADDRESS (If rural, give location): 30 Koclas Drive

3. NAME OF DECEASED (Type or Print): (First) Frederic (Middle) R (Last) Junghans
4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3 Apr 1932
9. AGE last birthday: 22 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Pfc, US Army
11. BIRTHPLACE (State or foreign country): New York City, New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederic B. Junghans
14. MOTHER'S MAIDEN NAME: Grace E. Junghans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: USAF Medical Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm
(CITY OR TOWN): Mt. Zion (COUNTY): Anne Arundel (STATE): Maryland
TIME OF INJURY: (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 hr.
INJURY OCCURRED: While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Plane crash

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2229 hrs m., from the causes and on the date stated above.

SIGNATURE: Anton E. Carol (Degree or title) 1st Lt., USAF(MC) ADDRESS: Andrews AFB, Wash 25, DC DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify): DATE: NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: APR 27 1954 REGISTRAR'S SIGNATURE: A. W. Hedrick mmh

24. FUNERAL DIRECTOR: ADDRESS:

RECEIVED
APR 27 1954
BUREAU V. S.

2230 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02214

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena X
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location) Elizabeth Road

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Kelly
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Marys Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Kelly
14. MOTHER'S MAIDEN NAME: Hester —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: [illegible] Kelly [illegible] Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) DUE TO Carcinoma of the colon

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1950, to March 28 1954, that I last saw the deceased alive on March 28, 1954, and that death occurred at 2:10 P.M. from the causes and on the date stated above.

SIGNATURE R. M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena. Md. DATE SIGNED March 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr 1-54
NAME OF CEMETERY OR CREMATORY Magothy. [illegible]
LOCATION (City, town, or county) (State) A. A. Co. Md
DATE REC'D BY LOCAL REGISTRAR 3-29-54
REGISTRAR'S SIGNATURE [illegible] Hedrick
24. FUNERAL DIRECTOR James A. Hayes. ADDRESS 638 N. Gilmor St.

omr

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2231

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03256
Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Zion
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pine Grove
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Charles (Last) Kemmerling

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 17 Dec 26

9. AGE last birthday 28 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 1/Lt, USAF

11. BIRTHPLACE (State or foreign country) Pine Grove, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Mrs. Charles M. Kemmefling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS USAF Medical Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm

(CITY OR TOWN) Mt. Zion (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Plane crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs m., from the causes and on the date stated above.

SIGNATURE Anton E. Pastz (Degree or title) 1st Lt., USAF(MC) ADDRESS Andrews AFB, Wash 25, DC DATE SIGNED 20 Mar 54

23. BURIAL, CREMATION / REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR APR 27 19

REGISTRAR'S SIGNATURE L. N. Hedrick

24. FUNERAL DIRECTOR ADDRESS

RECEIVED
APR 27 1954
BUREAU V. S.

2232

02215

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Carolina COUNTY Richland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade — LENGTH OF STAY (in this place) unknown	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbia 77[illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL	STREET ADDRESS (If rural, give location) 4437 Mountain Drive

3. NAME OF DECEASED (Type or Print)	(First) Helen	(Middle) Marie	(Last) Kennedy	4. DATE OF DEATH	(Month) March	(Day) 28	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 30 May 1917	9. AGE last birthday 36 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Walter Hinson	14. MOTHER'S MAIDEN NAME Katherine Mitchell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 250-03-8602	17. INFORMANT AND ADDRESS Husband- Cpl. Gilbert Kennedy, Hq Hq Co 2101 ASU, Ft GG Meade, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

L 3X

Immediate cause (a) Renal insufficiency, cause undet. — 5 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 23 Mar, 1954, to 28 Mar, 1954, that I last saw the deceased alive on 28 Mar 1954, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. J. [illegible], M. D.	MD	2101-1 USH Ft Geo G Meade Md.	3-28-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF unknown	NAME OF CEMETERY OR CREMATORY Librand Cemetery	LOCATION (City, town, or county) Columbia	(State) S.C.
DATE REC'D BY LOCAL REG. 29 Mar 54	REGISTRAR'S SIGNATURE T.A. GORDON, C.W.O., USA	24. FUNERAL DIRECTOR WM. COOK, INC., Baltimore, Maryland	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film H6[illegible]B 5/11/54 ams

02216

2195

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 164 West Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) C. (Last) LA MAR
4. DATE OF DEATH (Month) March (Day) 31 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 10, 1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Columbus Ohio
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wm Corley
14. MOTHER'S MAIDEN NAME: B. Taggart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 085-20-3539
17. INFORMANT & ADDRESS: W. Bruce La Mar - Husband - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 970.2

Immediate cause (a) Barbiturate intoxication - Suicide
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Hoover M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED March 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF August 3, 54
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. April 2, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR B. L. Hopping & Son ADDRESS Annapolis, Md.

JS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR

2233

M

MARYLAND

STATE DEPARTMETT OF HEALTH

03260

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: New Jersey COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt Zion — LENGTH OF STAY (in this place):	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fords
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 770 King George Rd

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Gilbert (Last) Lambertson

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 13 Aug 1931

9. AGE last birthday: 22 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: US Navy

11. BIRTHPLACE (State or foreign country): Perth Amboy, N.J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Elizebeth Lambertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: US Navy Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

60X

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm

(CITY OR TOWN) Mt Zion (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2229 Hrs. m., from the causes and on the date stated above.

SIGNATURE: Anton E. Card (Degree or title) 1st Lt., USAF (MC) ADDRESS: Andrews AFB, Wash 25, D.C. DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify): DATE: NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: APR 27 1954 REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: ADDRESS:

MARGIN RESERVED FOR BINDING

I

RECEIVED
APR 27
BUREAU V. S.

2234

MARYLAND

STATE DEPARTMENT OF HEALTH 03261

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Danvers
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 24 Fellows St ✓

3. NAME OF DECEASED (Type or Print)	(First) Philip	(Middle) Alden	(Last) Lavers	4. DATE OF DEATH	(Month) March (Day) 19 (Year) 1954
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 14 Oct 1934	9. AGE last birthday 19 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY US Navy		11. BIRTHPLACE (State or foreign country) Boston, Mass.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alden E. Lavers			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS US Navy Military Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm	(CITY OR TOWN) Mt Zion (COUNTY) Anne Arundel (STATE) Maryland	
TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Plane Crash	

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2229 Hrs. m., from the causes and on the date stated above.

SIGNATURE Anton E. Lavers (Degree or title) 1st Lt., USAF (MC) ADDRESS Andrews AFB, Wash 25, D.C. DATE SIGNED 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 27 1954	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
APR 27 1954
BUREAU V. S.

2235

02217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY A.A.CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4021 BELLE GROVE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY A.A.CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
STREET ADDRESS (If rural, give location) 4102 Ritchie Highway Brooklyn

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) B (Last) LETTAU
4. DATE OF DEATH (Month) MARCH (Day) 7 (Year) 1954
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH July 10-1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLAZIER
10b. KIND OF BUSINESS OR INDUSTRY ART GLASS
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Bernhardt Lettau.
14. MOTHER'S MAIDEN NAME Helena Schaedel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-10-2315
17. INFORMANT BERNADINE B. FEENEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ca of colon.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1953, to 3-6, 1954, that I last saw the deceased alive on 3-6, 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene Schultzer Jr. D. ADDRESS 3904 S. Hanover St. DATE SIGNED 3-8-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE THEREOF 3-11-54 NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM. LOCATION (City, town, or county) A.A.CO. (State) MD
DATE REC'D BY LOCAL REG. 3-10-54 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Elizabeth Harle Inc. ADDRESS 115 E. West St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02218

8236

M

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 8 yrs. 26 ds.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 1630 E. Madison Street

3. NAME OF DECEASED (Type or Print) (First) Carolyn (Middle) (Last) Lipscomb
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1954

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6/3/1939
9. AGE last birthday 14 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Robert Lipscomb
14. MOTHER'S MAIDEN NAME Mary Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Crownsville State Hospital, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

471X

Immediate cause (a) Broncho-Pneumonia — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Idiot - Mild Quadriplegia — since birth

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ———
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ———
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ——— m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 2/1, 1953 to 3/16, 1954, that I last saw the deceased alive on 3/16/54, 19..., and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE Arnold H. Eichert, M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 3/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/19/54
NAME OF CEMETERY OR CREMATORY ~~Arbutus Mem. Park~~
LOCATION (City, town, or county) ~~Arbutus~~ Balto. Md. (State)

DATE REC'D BY LOCAL REG. 3-17-54
REGISTRAR'S SIGNATURE a W Hedrick
24. FUNERAL DIRECTOR Elroy G. ~~Wilson 1000 Brantley Ave~~ ADDRESS

MARGIN RESERVED FOR BINDING

1

2237

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02219

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Churton Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ✓ LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churton Maryland.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) (Last) LUCAS
4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1954
5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 6-1-75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min. PM
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? D.C.
13. FATHER'S NAME: Chas Quarles
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Cora Malloy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Hypertensive Cardio-Renal Disease

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to March 10, 1954, that I last saw the deceased alive on March 10, 1954, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. L. Richardson M.D. 110 - Clay St Annapolis Md. 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-15-54 NAME OF CEMETERY OR CREMATORY Lincoln Mem LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REGISTRAR March 11, 1954 REGISTRAR'S SIGNATURE I. B. Dent.
24. FUNERAL DIRECTOR Ambrose B. Boyd ADDRESS 1238 20th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1954
BUREAU V. S.

02220

2238

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-3

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
STREET ADDRESS (If rural give location) 102 Dorchester Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Maurice (Last) Monn
4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Aug. 25-1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Westinghouse
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Maurice Monn
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 213-01-2398
17. INFORMANT & ADDRESS: Emma Monn - 102 Dorchester Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial Infarct — Interval Between Onset And Death: IMMEDIATE.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary artery disease — 2 YEARS

DUE TO

(c) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DIS — 2 YEARS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-23, 1954, to 3-22, 1954, that I last saw the deceased alive on 3-17, 1954, and that death occurred at 10:05 AM, from the causes and on the date stated above.

SIGNATURE Leon C. Perry (Degree or title) M.D. ADDRESS 201 B&A BLVD, GLEN BURNIE, MD. DATE SIGNED 3-23-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-25-54 NAME OF CEMETERY OR CREMATORY Mt Alto Cemetery LOCATION (City, town, or county) Mt Alto Pa (State)
DATE REC'D BY LOCAL REGISTRAR 3-2[illegible]-54 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. J. Briz[illegible] 1407 ADDRESS Carlin Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2196

02221

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
LENGTH OF STAY (in this place): 8 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis, Maryland
STREET ADDRESS (If rural give location): 84 Conduit Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Francis (Last) MURPHY

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 4 Sept. 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): USN

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F. (~~First name unknown~~ Murphy)

14. MOTHER'S MAIDEN NAME: Elizabeth (~~First name unknown~~) Cummisky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Mary Murphy, 84 Conduit Street, Annapolis, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Arteriosclerotic heart disease # 420	Indef.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) General arteriosclerosis # 450	Indef.
	DUE TO (c) Calculus, bladder # 604	Indef.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to March, 1954, that I last saw the deceased alive on March 15 1954, and that death occurred at 10:38 from the causes and on the date stated above.

SIGNATURE R.K. Moxon Lcdr. (MC) USN (Degree or title) ADDRESS March 17, 1954 DATE SIGNED March 17, 1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): DATE THEREOF 3-19-54 NAME OF CEMETERY OR CREMATORY Naval Academy LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR March 19, 1954 REGISTRAR'S SIGNATURE J.J. O'Connell

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

VS. A15

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MAR 26 19..
BUREAU V. S.

2239

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02222

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219-Homewood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural give location) 219 Homewood Road.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Margaret C. Neighoff
4. DATE OF DEATH: (Month) (Day) (Year) Mar. 1 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept: 16: 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Fick.
14. MOTHER'S MAIDEN NAME: Margaret ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John W Neighoff. — Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Cancer of Lungs — Interval Between Onset And Death 4 yr —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cancer of Breast (removed) 10 yr —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 1944, to 3/1/54, 19 , that I last saw the deceased alive on 3/1/54, 19....., and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE Chas L. Ball Jr. (Degree or title) ADDRESS Linthicum DATE SIGNED 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 5/54
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 3-4-54
REGISTRAR'S SIGNATURE R.W. Hedrick
24. FUNERAL DIRECTOR F.B. Weppert & Son ADDRESS 1300 Eutaw Pl. 17

Dmn

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02223

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1334 Towson St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Owings
4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	8 April 1880	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gardener	Civil Service Emp.	Maryland	USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	—	216-07-8949	Daughter- Miss Helen E. Owings, 1334 Towson St., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute Coronary Thrombosis — Interval Between Onset And Death: 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Atherosclerosis of Coronary Vessels
DUE TO (c) Hypertensive Cardiovascular disease
Chronic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Mar, 1954, to 18 Mar, 1954, that I last saw the deceased alive on 18 Mar, 1954, and that death occurred at 1150 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward J. Doyle	M. D.	U.S. Army Hospital Fort Meade Md.	19 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22 March 54	Glen Haven Memorial Cemetery, Glen Burnie, Maryland	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
19 March 1954	T.A. GORDON, CWO, USA	Charles L. Stevens	Baltimore, Maryland

CHAS.F. DILL, successor to Chas. Stevens, Fort av. and Hull st. Balto Md. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AU V. S.

EX 3/21/50

02224

2241

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) 3 yrs. 11 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) William; (Middle); (Last) Peal

4. DATE OF DEATH: (Month) 3; (Day) 7; (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1884?

9. AGE last birthday: 70? yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Moses Peal

14. MOTHER'S MAIDEN NAME: Cornelia Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.

16. SOCIAL SECURITY No.: 214-05-0306

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute coronary thrombosis — Interval between onset and death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — Known to us since 4/12/50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Paresis — Known to us since 4/12/50

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - - - - - - - - - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - - - -

(CITY OR TOWN) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 2/1 ., 19 53, to 3/7, 19 54, that I last saw the deceased alive on 3/7, 19 54, and that death occurred at 7:40 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichel M.D. ADDRESS Crownsville, Md. DATE SIGNED 3/7/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 19 1954 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. March 18, 1954 | REGISTRAR'S SIGNATURE K M Joe

24. FUNERAL DIRECTOR Annie A. Johnson ADDRESS Annapolis, Md.

23

MARGIN RESERVED FOR BINDING

RECEIVED
1954
U. S.

02225

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10th and Catherine Sts. Green Haven

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) William (Last) Pope

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1954

5. SEX M
6. COLOR OR RACE Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH 4/14/96
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Hauler Transfer
11. BIRTHPLACE (State or foreign country) Hoy [illegible] - Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Emma J. Wetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-05-0567
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420. Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

[illegible] CREMATION MOVAL (Specify) Burial
DATE THEREOF March 30, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Brooklyn R.F.D. (State) Md.

DATE REC'D BY LOCAL REG. March 30, 1954
REGISTRAR'S SIGNATURE L J DeAlba
24. FUNERAL DIRECTOR R V Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

WRITE CLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 1
U. S.

Film#G163 Item# 5,6 4/5/54 emf - Film# G164 Item# 7 4/19/54 emf

2243

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02226

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deale
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Andrew (Last) Proctor

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 11 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): Shadyside Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Proctor

14. MOTHER'S MAIDEN NAME: Harriet Ann Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Bryson Wood, Deale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial failure due.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis

DUE TO

(c) acute cystitis.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1954, to 3-21, 1954, that I last saw the deceased alive on 3-21, 1954, and that death occurred at 11:45 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson, M.D. ADDRESS Lothian, Md. DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/24/54

NAME OF CEMETERY OR CREMATORY St. James

LOCATION (City, town, or county) (State) Tracy's Landing Md.

DATE REC'D BY LOCAL REGISTRAR 3/24/54

REGISTRAR'S SIGNATURE Elsie Wm Wellsaw

24. FUNERAL DIRECTOR T. A. Hardesty & Son ADDRESS Galesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1
BUREAU V. S.

2244

03285

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH· COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hawthorne
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 101 Kingston Ave ✓

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) David	(Last) Robbins	4. DATE OF DEATH	(Month) March (Day) 19 (Year) 54
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 27 March 1933	9. AGE last birthday 20 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY US Navy		11. BIRTHPLACE (State or foreign country) Paterson, New Jersey	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles P. Robbins			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS US Navy Military Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860X

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm	(CITY OR TOWN) Mt Zion (COUNTY) Anne Arundel (STATE) Maryland
TIME OF INJURY (Month) March (Day) 19 (Year) 54 (Hour) 2229 m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 Hrs.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Anton E. Cowe	1st Lt., USAF (MC)	Andrews AFB, Wash 25, D.C.	20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 27 1954	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR	ADDRESS

RECEIVED
APR 27 1954
BUREAU V. S.

2245

03286

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Zion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Iselin
STREET ADDRESS (If rural, give location) 170 Elmhurst Ave.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Leonard (Last) Roloff

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 26 Jan 30

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: 2/Lt, USAF

11. BIRTHPLACE (State or foreign country): Iselin, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard J. Roloff

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: USAF Medical Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm
(CITY OR TOWN) Mt. Zion (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Plane crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs m., from the causes and on the date stated above.

SIGNATURE Canton E. Cave (Degree or title) ADDRESS 1st Lt., USAF(MC) Andrews AFB, Wash 25, DC DATE SIGNED 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7 1954 | REGISTRAR'S SIGNATURE L. W. Hedrick M.D. | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
APR 27 1954
BUREAU V. S.

2246

02227

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS W.B.& A.Restaurant.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earndale
STREET ADDRESS (If rural, give location) Wellham Street.

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) John (Last) Romm
4. DATE OF DEATH (Month) (Day) (Year) March 14-1954 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/26/1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Work.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis N. Romm
14. MOTHER'S MAIDEN NAME Clara Blotkamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 216-18-7014
17. INFORMANT AND ADDRESS Baltimore, Md. Raymond J. Romm, 1901 East 30th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE Gustave H. Fowler, M.D. (Degree or title) Deputy Medical Examiner, ADDRESS Glen Burnie Md. DATE SIGNED 3/14/54

DISPOSAL (Specify) Burial DATE THEREOF Mar 17 1954 NAME OF CEMETERY OR CREMATORY New Cathedral Cem. LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 3-16-54 REGISTRAR'S SIGNATURE [signature] Dwn. FUNERAL DIRECTOR Willis Lamoreau ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

2247

02228

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riva — LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D C
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ~~SAFFELL~~ (Middle) ROBERT A (Last) SAFFELL

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widowed	3-11-1870	84 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Washington D. C.	american

13. FATHER'S NAME: Daniel Callan

14. MOTHER'S MAIDEN NAME: Mary Donovan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
/			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) arteriosclerotic heart disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec ....,19 53, to March 13, 19 54, that I last saw the deceased alive on March 12, 19 54, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edith Roeller	M.D.	45 Franklin St Annapolis Md.	3-13-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/16/54	Dist. Cemetery	Lucketts Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 13, 1954	Carrie J. Hutt. 3-17-54 Recd	F. [illegible] Hill	[illegible]

MAR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02229

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 McKendree Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 105 McKendree Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ruby (Middle) Estelle (Last) Sams

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 9-11-1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Evans

14. MOTHER'S MAIDEN NAME: Mary Figgs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Louis Sams - Same as Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — Sudden

DUE TO

Antecedent causes (b) Arteriosclerotic Heart disease — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c) Generalized Arteriosclerosis

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to March 4, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Basil M.D. — ADDRESS Annapolis Md — DATE SIGNED 3-5-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) — DATE THEREOF 3-7-1954 — NAME OF CEMETERY OR CREMATORY Cedar Bluff — LOCATION (City, town, or county) Annapolis — (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 5, 1954 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR John M. Taylor & Sons — ADDRESS Annapolis, Md.

RECEIVED
MAR 11
BUREAU V. S.

2248

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02230

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Laurel
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Laurel, Md.
STREET ADDRESS (If rural give location) Rural - Ft. Meade Road

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) (Last) SINGLETON

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-25-33

9. AGE last birthday: 20 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Inmate

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Brooks Singleton

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: DTS records, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

49 X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia; Idiopathic Epilepsy — Lifelong

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-53 to 3-14-54, that I last saw the deceased alive on 3-14-54, and that death occurred at 10 00 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ray McConnell, M.D. — ADDRESS Laurel, Md. — DATE SIGNED 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 16-54 — NAME OF CEMETERY OR CREMATORY Dist Tr School — LOCATION (City, town, or county) Laurel Waco — (State) Md

DATE REC'D BY LOCAL REGISTRAR March 16-54 — REGISTRAR'S SIGNATURE Clara Haslup — 24. FUNERAL DIRECTOR Dist Tr School — ADDRESS Laurel Md

VS. A11

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[illegible] U. S.

2198

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02231

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 25 Carroll St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 25 Carroll St.

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) S. (Last) Smith
4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 4-26-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Steward
10b. KIND OF BUSINESS OR INDUSTRY: Annapolis Yatch Cl
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James E. Smith
14. MOTHER'S MAIDEN NAME: Catherine Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-2745
17. INFORMANT & ADDRESS: Lois D. Smith - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4[illegible].1 (a) Cardiac Failure — Interval Between Onset And Death: 2 ah.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Occlusion — 6 mos

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1954, to 3/2, 1954, that I last saw the deceased alive on 3/2, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Theodore H. Johnson M.D. ADDRESS 40 North [illegible] Annapolis, Md DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-5-1954
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) (State) Annapolis, Md.
DATE REC'D BY LOCAL REGISTRAR 3-4-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR William Reese, II-108 N. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2249

03291

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Zion — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 242 N. Gettysburg Ave

3. NAME OF DECEASED (Type or Print)	(First) Wayne	(Middle) R	(Last) Snodgrass	4. DATE OF DEATH	(Month) March (Day) 19 (Year) 1954
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 21 Mar 1934	9. AGE last birthday 19 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY A/B, USAF	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Howard L. Snodgrass			14. MOTHER'S MAIDEN NAME Alice Elizabeth Minnis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)		16. SOCIAL SECURITY NO. 205-24-8718	17. INFORMANT AND ADDRESS USAF Medical Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm	(CITY OR TOWN) Mt. Zion (COUNTY) Anne Arundel (STATE) Maryland	
TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Plane crash	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Anton E. Paroe	1st Lt., USAF(MC)	Andrews AFB, Wash 25, DC	20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 27 1954	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR	ADDRESS

RECEIVED
APR 27 1954
BUREAU V. S.

2250

M

MARYLAND

STATE DEPARTMETT OF HEALTH

03292

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bronx

STREET ADDRESS (If rural, give location) 2015 Creston Ave

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Harlan (Last) Springer

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 9 Nov 1933

9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airman

10b. KIND OF BUSINESS OR INDUSTRY USAF

11. BIRTHPLACE (State or foreign country) Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph Springer

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm

(CITY OR TOWN) Mt Zion (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 Hrs m., from the causes and on the date stated above.

SIGNATURE Anton E. Carr (Degree or title) 1st Lt., USAF (MC) ADDRESS Andrews AFB, Wash 25, D.C. DATE SIGNED 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 27 1954

REGISTRAR'S SIGNATURE A. W. Hedrich mmt

24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

I

RECEIVED
APR 27 1954
BUREAU V. S.

Item 13 & 14 film G 162 3/24/54 cm

2251

02232

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) [illegible] 18 1954

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [illegible]

8. DATE OF BIRTH 9 23 1913

9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN ✓

14. MOTHER'S MAIDEN NAME UNKNOWN ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 423.1 Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

[illegible] CREMATION MOVAL (Specify) DATE THEREOF Mar 20 - 1954 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 3-19-54 REGISTRAR'S SIGNATURE [illegible] Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc - 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

[illegible] INLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

2252

03294

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Conn. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South Meriden
STREET ADDRESS (If rural, give location) 166 Parkview St

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Melvin (Last) Strauss

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1933

9. AGE last birthday 21 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airman

10b. KIND OF BUSINESS OR INDUSTRY USAF

11. BIRTHPLACE (State or foreign country) Meriden, Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harold R. Strauss

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Mt Zion, Md

(CITY OR TOWN) Mt Zion (COUNTY) Anne Arundel (STATE) Maryland

TIME OF INJURY (Month) Mar (Day) 19 (Year) 54 (Hour) 2229

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 Hrs m., from the causes and on the date stated above.

SIGNATURE Anton E. Cayoe (Degree or title) 1st Lt., USAF(MC) ADDRESS Andrews AFB, Wash 25, D.C DATE SIGNED 20 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 27 1954 REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR ADDRESS

RECEIVED
APR
BUREAU V. S.

225

02233

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Q. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Eugene (Last) Tasker

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 16, 1953

9. AGE last birthday: 4 months. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harwood Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Eugene Tasker

14. MOTHER'S MAIDEN NAME: Mary E. Linnus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Samuel E. Tasker, Harwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	upper respiratory infection	3 day
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Kevin Linn Grant (Degree or title): M.D. ADDRESS: Brady Side, Md. DATE SIGNED: 3-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/24/54

NAME OF CEMETERY OR CREMATORY: Chuvs

LOCATION (City, town, or county) (State): Owensville Md

DATE REC'D BY LOCAL REG. 3/24/54

REGISTRAR'S SIGNATURE: Elsie Wedderburn

24. FUNERAL DIRECTOR: T. A. Hardesty & Son ADDRESS: Galesville, Md.

VS. A15A

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APR 1 1954
BUREAU V. S.

2254

03295

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Michigan — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adrian
STREET ADDRESS (If rural, give location): 449 South Winter St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jon	Gordon	Taylor	March	19	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Caucasian	Single	13 Jan 36	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: A/2C, USAF
11. BIRTHPLACE (State or foreign country): Detroit, Mich.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. C. Beck
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: USAF Medical Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, extreme, due to plane crash

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Farm	Mt. Zion	Anne Arundel	Maryland

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☒	Not While At work ☐	HOW DID INJURY OCCUR?
Mar	19	54	2229			Plane crash

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2229 hrs., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 1st Lt., USAF(MC) Andrews AFB, Wash 25, DC — DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
APR 27 1954	A. W. Hedrick		

MARGIN RESERVED FOR BINDING

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APR 27 19
BUREAU V. S.

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2199

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02234

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Chester Ave

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 409 Chester Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) V. (Last) Thompson
4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1954
5. SEX: female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 2-11-1881 28-82 72 yrs.
9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Henry Jenkins
14. MOTHER'S MAIDEN NAME: Sophia Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Charles L. Thompson-409 Chester Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 331X (a) Cirebral Hemorrhage — Interval Between Onset And Death: 1 wk
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 24 yr
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN ,19 53, to Mar 29, 19 54, that I last saw the deceased alive on Mar 29, 1954, and that death occurred at 6:15 pm, from the causes and on the date stated above.
SIGNATURE Faye W. Alla (Degree or title) M.D. ADDRESS 10 Carroll St DATE SIGNED 3-30-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-1-1954 NAME OF CEMETERY OR CREMATORY Franklin Chapel LOCATION (City, Town, or county) Churchton (State) Md.
DATE REC'D BY LOCAL REGISTRAR March 31, 1954 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William Reese ADDRESS 108 St. Washington St Annapolis, Md.

RECEIVED
APR 2 1954
BUREAU V. S.

Item 8 film g 152 3/31/54 cm

2200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02235

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Northwest Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 66 Northwest Street

3. NAME OF DECEASED (Type or Print): (First) PRISCILLA (Middle) VIRGINIA (Last) THOMPSON

4. DATE OF DEATH: (Month) (Day) (Year) 3/20/1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/25/1887

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis Neck, A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Booth

14. MOTHER'S MAIDEN NAME: Priscilla Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Iniza Clementine Smith-66 Northwest St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Mar 22, 1954, that I last saw the deceased alive on Mar 20, 1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE: Faye W. Alle — (Degree or title) M.D. — ADDRESS 10 Carroll — DATE SIGNED 3-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/24/1954 — NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery — LOCATION (City, town, or county) (State): West St. Annapolis Maryland

DATE REC'D BY LOCAL REG. March 23, 1954 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: Ethel L. Hicks-45 Northwest St. — ADDRESS: Annapolis Md.

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) 4 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 217 E. Preston Street ✓

3. NAME OF DECEASED (Type or Print): (First) Ethel; (Middle); (Last) Torrence

4. DATE OF DEATH: (Month) 3; (Day) 18; (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1902?

9. AGE last birthday: 51? yrs. If under 1 year: Months –; Days –; If under 24 hrs.: Hours –; Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: – – –

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – –; (If year, give war or dates of service) – – –

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 PX

Immediate cause (a) Cardiac failure as a result of hypertensive cardio-vascular disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease — Interval Between Onset and Death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 3 weeks

19a. DATE OF OPERATION: – – –

19b. MAJOR FINDINGS OF OPERATION: – – – – – – – – – – – – – – – – – –

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): – – –

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: – – – –

(CITY OR TOWN) (COUNTY) (STATE): – – – – – – – – – – – –

TIME OF INJURY (Month) (Day) (Year) (Hour): – – – – m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? – – – – – – – – – – – – – – – –

22. I hereby certify that I attended the deceased from 11/16, 19 53, to 3/18, 19 54, that I last saw the deceased alive on 3/18, 19 54, and that death occurred at 10:00 Pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold N. Eibut, M.D. ADDRESS Crownsville, Md. DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3/22/54 | NAME OF CEMETERY OR CREMATORY Calvary Cemetery | LOCATION (City, town, or county) (State) Norfolk, Virginia

DATE REC'D BY LOCAL REG. March 20 1954 | REGISTRAR'S SIGNATURE R.W.J. | 24. FUNERAL DIRECTOR ADDRESS Sanders Funeral Home 217 E. Preston St, Balto. Md.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel - Jessup MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Md. LENGTH OF STAY (in this place) 39 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland House of Corr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
STREET ADDRESS (If rural, give location) Mt. Herman Road

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Henry (Last) Tull
4. DATE OF DEATH (Month) March (Day) 25 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-15-23
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Wattsville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rhumatic heart disease with mitral and aortic valve disease.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Oct. 1951

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1953, to 3-25-, 1954, that I last saw the deceased alive on 3-25, 1954, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE Robert B. Taylor (Degree or title) M.D. ADDRESS 760 Cathedral St. Balt., Md. DATE SIGNED 3-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 3/30/54 NAME OF CEMETERY OR CREMATORY University Hot School LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. March 30-54 REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR Francis A Hemsley 5751 N Bedville Rd ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02238

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 413 Chester ave.

3. NAME OF DECEASED: (Type or Print) (First) Allen (Middle) (Last) Turner

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 1-9-1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Brick Mason
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jewell Turner
14. MOTHER'S MAIDEN NAME: Catherine Turner Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-16-1915
17. INFORMANT & ADDRESS: Pearl M. Turner - 413 Chester ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X

Immediate cause (a) hepatic failure — Interval Between Onset And Death: One week

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) metastatic carcinoma, generalized — Some months

DUE TO

(c) Carcinoma, cecum (primary) — Some months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1954, to Mar. 6, 1954, that I last saw the deceased alive on Mar. 5, 1954 and that death occurred at 9 A.M. Mar. 6, 1954 from the causes and on the date stated above.

SIGNATURE Merton T. Waite (Degree or title) M.D. ADDRESS 56 Southgate Ave. Annapolis, Md. DATE SIGNED 3-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-9-54 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR March 9, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR William Keese, Jr. ADDRESS 103 N. Washington Annapolis, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03300
Reg. Dist. No.

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Zion
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maine
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: South Portland
STREET ADDRESS (If rural, give location): 55 Bishop Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph Albert (Middle) (Last) Valente

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 30 Oct 1931

9. AGE last birthday: 22 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): Portland, Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Marcella Valente

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X X

Immediate cause (a) Injuries, multiple, extreme, due to Plane crash.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm

(CITY OR TOWN): Mt Zion (COUNTY): Anne Arundel (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): March 19 54 2229 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Plane Crash

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw the deceased alive on ..... 19.... , and that death occurred at 2229 Hrs m., from the causes and on the date stated above.

SIGNATURE: Clinton E. Carol (Degree or title): 1st Lt., USAF (MC) ADDRESS: Andrews AFB, Wash 25, D.C. DATE SIGNED: 20 Mar 54

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: APR 27 1954

REGISTRAR'S SIGNATURE: A. W. Hedrich mnt

24. FUNERAL DIRECTOR | ADDRESS

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 8 mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harwood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) (Last) Wallace

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/2/1878?

9. AGE last birthday: 75? yrs. — If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Moreland

14. MOTHER'S MAIDEN NAME: Fannie Moreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1
Immediate cause (a) Abdominal Malignancy — Interval Between Onset and Death: Known to us since 11-17-53

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterioslcerosis

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - -

(CITY OR TOWN) (COUNTY) (STATE): - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 7/6/53, to 3/28, 1954, that I last saw the deceased alive on 3/28, 1954, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE: Arnold N. Eichert, M.D. (Degree or title)
ADDRESS: Crownsville, Md.
DATE SIGNED: 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/1/1954
NAME OF CEMETERY OR CREMATORY: Moses cemetery
LOCATION (City, town, or county): Drury (State): Md.

DATE REC'D BY LOCAL REG.: March 31 1954 / April 1-1954
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Annie A. Johnson
ADDRESS: Annapolis, Md.

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Item 21 Film G162 4/5/54 ams

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chris Cook Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE / COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) (Last) WICKERT.
4. DATE OF DEATH (Month) MARCH (Day) 20 (Year) 1954
5. SEX M.
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12/7/61
9. AGE last birthday 92 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cyberman
10b. KIND OF BUSINESS OR INDUSTRY Sec.
11. BIRTHPLACE (State or foreign country) VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

9/10 Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Gambrills (COUNTY) A.A. (STATE) Maryland
TIME OF INJURY (Month) 3 (Day) 20 (Year) 54 (Hour) 8P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Trailer caught on fire, and deceased was trapped inside of trailer

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] Glen Burnie, Md. DATE SIGNED 3/20/54

[illegible] CREMATION MOVAL (Specify) | DATE THEREOF 3/22/54 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 3-22-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

[illegible] WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] specially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tracy's Landing
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) Edith (First) (Middle) (Last) Virginia Wilkerson
4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1954

5. SEX: 7
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 24, 1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Hswf.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmett M. Webb
14. MOTHER'S MAIDEN NAME: Edith (nee Prout)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Benjamin Wilkerson Tracy's Landing, Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rectal Hemorrhage — Interval Between Onset And Death 14 hrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma Cervix, L of N TU — 3 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Abdominal distension → Hemorrhage, intraperitoneal

19a. DATE OF OPERATION: 2/17/54
19b. MAJOR FINDINGS OF OPERATION: Cervical Carcinoma, Metastatic
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1954, to 3/9, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 3 30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh M. Chesnut Jr. M.D. ADDRESS 69 Franklin DATE SIGNED 3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/12/54
NAME OF CEMETERY OR CREMATORY Friendship Methodist
LOCATION (City, town, or county) Friendship, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/15/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02242

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY a a
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 219 Chesapeake Ave

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) L. (Last) Williams
4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: July 6th 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? N. S. A.
13. FATHER'S NAME: Robert Brown
14. MOTHER'S MAIDEN NAME: Isabelle Puckett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Dorothy Rosenbloom Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Disease — 1 yr.
DUE TO
(c) Arteriosclerosis generalized — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to 3-3-, 1954, that I last saw the deceased alive on 3-3-, 1954, and that death occurred at 5:00 PM, from the causes and on the date stated above.
SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-5-54 NAME OF CEMETERY OR CREMATORY St Annes Cemetery LOCATION (City, town, or county) Annapolis (State) Md
DATE REC'D BY LOCAL REGISTRAR March 4, 1954 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 3Y01-4
STREET ADDRESS (If rural, give location): 528 N. Brice Street ✓

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 3/5/1948

9. AGE last birthday: 6 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Wilson

14. MOTHER'S MAIDEN NAME: Olivia Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Crownsville State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital heart disease — Interval between onset and death: since admissio 10/22/1952

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Mongolian Idiot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ——— PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ——— (CITY OR TOWN) ——— (COUNTY) ——— (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ——— m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 3/28, 19 54, that I last saw the deceased alive on 3/28/, 19 54, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert, M.D. ADDRESS: Crownsville, Md. DATE SIGNED: 3/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 4/1/54 NAME OF CEMETERY OR CREMATORY: Mt Arburn Cem. LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 3/31/54 REGISTRAR'S SIGNATURE: [signature] 24. FUNERAL DIRECTOR ADDRESS: Elroy Wilson 1000 Brantley Ave

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones station
LENGTH OF STAY (in this place) X 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Highway X

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3401. 4
STREET ADDRESS (If rural, give location) 2902. East Monument St. ✓

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) J. (Last) Woods.

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 9. 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist
10b. KIND OF BUSINESS OR INDUSTRY Cont. Can. Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter J. Woods
14. MOTHER'S MAIDEN NAME Catherine Yinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS May Minnick Woods, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Fauber M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie Md. DATE SIGNED 3/30/54

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF Apr. 2, 1954
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 4-1-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A